PROVIDER SERVICE SUMMARY PROVIDER INFORMATION			
Name of Provider:			
Lindamood-Bell Learning Prosesses Mailing Address:			
416 Higuera Street City: State: Zip Code:			Zip Code:
San Luis Obispo	California		93401
Phone Number: Fax Nur 800-233-1819 805-5	mber: 541-9332	E-Mail Address: pworthingtor	n@lblp.com
PRIMARY CONTACT INFORMATION			
Name: Phone Number: 800-233-1819			
E-Mail Address pworthington@lblp.com			
SERVICES			
Areas to be served by provider: ☑ All school districts in Missouri ☐ Specific districts or counties. Please list:			
Number of sessions per week: 5 - one to two hour sessions			
Cost per session: based on the number of students Proposed location of service delivery:			
Student's school site Provider site Other:			
If service delivery is not at the student's school, is transportation provided? If so, is there a separate fee? (Note: Districts are not required to provide or pay for transportation). N/A			
Certification of instructors: ☐ Baccalaureate degree in education or ☐ Baccalaureate degree in related field of instruction. Please list related field(s):			
Additional education and/or experience: ☐ Masters level degrees or above in either reading or mathematics ☐ Missouri teacher certificated/licensed teachers ☐ Experience teaching students with specific disabilities ☐ Experience teaching LEP students ☐ Ability to speak languages other than English. Please list:			
Tutoring subjects available:		Grade Levels	
Reading Writing Math K-2 3-5 6-8 9-12 Title of tutoring curriculum utilized: Seeing Stars, Lindamood Phoneme Sequencing			
Time of Service: Mode of Instructional Delivery:			
⊠ Before School		Individual Tu	itoring
	L		
Summer	ן	Other:	5 54664
Other: Intersessions			
Specifics of reporting to parents & school (check all that apply):			
Method:	F	requency:	
letters phone calls	L	<pre> weekly bi-monthly </pre>	
conference with parents		monthly	
onference with parents & scho			d of instruction